Example: Move Request

Space Planning and Logistics

OC Work Order Request Form

PLEASE PRINT OR TYPE

Today's Date	6/14/00	Date Required	7/12/00
Name	Mary Cook	Contact Name	John Martin
Phone & Pager Number	x45678 / 905-5678	Phone & Pager Number	x42345 / 95-2345

☒ **PERSONNEL MOVE** (manager approval required)	☐ **NEW EMPLOYEE** start date
☒ **PM** ☐ **Contractor**	☐ **PM** ☐ **Contractor** end date
CURRENT LOCATION	**NEW LOCATION**
Department Name & Cost Center ABC Department Cost Center A23 ***FROM*** Cubicle/Office (or jack number) OAW3248	Department Name & Cost Center ABC Department Cost Center A23 ***TO*** Cubicle/Office (or jack number) OAW3314

☐ **RECONFIGURATION OF AREA** (manager approval required)

Identify specific cubicle/office (or jack number) to be reconfigured. Include a brief description of what needs to be done and why.

☐ **ADDITIONAL FURNITURE REQUEST** (manager approval required)

Describe your needs:

☐ **NAME PLATE REQUEST** (manager approval not required)

First Name | Middle Initial | Last Name

☐ **ART WORK / BOARDS** (manager approval not required)

Items to be hung:

☒ **OTHER** (to include Space Request's from Departmental Space Representatives and furniture key requests)

Describe your needs:

Request to move Mary since she will be working closely with OAW3315 occupant due to new responsibilities.

ALL SPACE REQUESTS REQUIRE MANAGER APPROVAL

John Doe 6/19/00
Department Manager's Approval Signature and Date

John Doe, Mgr. ABC Dept. x47777
Manager's Name Printed and Extension

Return via e-mail or fax to:
Mike Cashion, ext. 44054
Fax: 45814

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